

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0019865

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 49 STATE FILE NUMBER 0019865

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) FREDERICKTOWN Length of stay in 1b 20 DAYS
c. FULL NAME OF (If NOT in hospital, give location) MADISON MEMORIAL Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON
c. CITY OR TOWN FREDERICKTOWN Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 106 SALINE ST Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
SARAH FLORENCE HICKS

4. DATE OF DEATH Month Day Year
MAY 30 1964

5. SEX F **6. COLOR OR RACE** W **7. Married** ☐ **Never Married** ☐
Widowed ☐ **Divorced** ☒

8. DATE OF BIRTH 3-7-1890 **9. AGE (last birthday)** 74 **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HR** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCAL REGISTAR **10b. KIND OF BUSINESS OR INDUSTRY** RETIRED **11. BIRTHPLACE** (City and state or country) FREDERICKTOWN, ILL. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME J.M. WHITE **13b. MOTHER'S MAIDEN NAME** JESSIE NEWCOM **14. NAME OF HUSBAND OR WIFE** DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 7 EARL HICKS **17. INFORMANT** 3232 HENRIETTA ST. LOUIS MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE CEREBRAL THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH FEW DAYS
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS YEARS
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HEART
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ **20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) OBESITY HYPERTENSIVE DISEASE

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** FREDERICKTOWN MISSOURI **COUNTY** **STATE**

21. I attended the deceased from SEPT. 20, 1963 **to** MAY 30 1964 **and last saw her** MAY 29 1964 **alive on** 11.00 A.M. **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) Charles Michael M.D. **22b. ADDRESS** FREDERICKTOWN MISSOURI **22c. DATE SIGNED** JUNE 1 1964

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **23b. DATE** 6-2-64 **23c. NAME OF CEMETERY OR CREMATORY** CHRISTIAN **23d. LOCATION (City, town, or county)** FREDERICKTOWN MO. **(State)**

24. FUNERAL DIRECTOR RAY GILSON **ADDRESS** FREDERICKTOWN MO. **25. DATE RECD. BY LOCAL REG.** JUNE 2, 1964 **26. REGISTRAR'S SIGNATURE** Charles Boone Jr.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

JUL 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredenshten mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.